

Siskiyou County Office of Education

Special Schools and Services

SPEECH/LANGUAGE Services and Policy

Updated 10/12/26

Overview

The Siskiyou County Office of Education (SCOE), through its SELPA (Special Education Local Plan Area), provides Speech and Language services to all of the schools in Siskiyou County. As a result, our SLPs (Speech and Language Pathologists) are itinerant in their school assignments. The nature of itinerant assignments presents some challenges for both the specialist and the school. These challenges include the travel needed to provide many of the schools with services (i.e. speech aides), resulting in primarily one time weekly visits to each school site. In addition, most speech pathology services are provided by virtual therapists. Due to our specialists not being on site, the other major challenge is often limited communication opportunities between school and SLP and/or SLP and parent. In order to improve communication and maintain the highest level of SLP services, the SCOE SELPA will be implementing the following guidelines:

Referrals

Unlike clinical/medical speech therapy, educational SLP services in a school setting must have an educational impact. There is a standardized test in which the child's test results must fall into a specific range in order to qualify for educational services. It is up to the school to address all possible special education referrals through an SST (Student Study Team) meeting. Once the SST process has been engaged and classroom interventions have been implemented for 30 days, the team can decide upon further action. The SST team may choose to request an SLP consultation (Appendix 1). If interventions are successful, no further action is needed. If unsuccessful, the team, INCLUDING the SLP, may decide to make a referral for an evaluation.

Once it has been deemed appropriate, you may fill out the referral (For school-aged, Appendices 2, 3, & 7. For preschool, Appendices 4 & 5). The clock starts once the SLP receives the signed Assessment Plan (AP). The SLP has 60 days to complete the evaluation and hold the IEP meeting.

Directions for Assessment Plan after the SLP sends the filled out assessment plan to the school or parent:

Have the parent check, sign, and date the following:

Go to the bottom half of the "assessment plan" page (appendix 8)...

1. check the box that gives consent to the assessment (or alternate box, if not giving consent).
2. sign and date below the consent boxes
3. check the "yes" box (or “no”) between the two signature places to give the school permission to bill medi-caid (“yes” helps the school get some money to help cover the cost of speech/language services, but doesn't affect parents at all).
4. Sign and date again below Medi-Caid permission.

Progress Reports

If the student is only receiving speech services, the SLP is responsible for sending copies of the report to the guardian. All progress reports are to be updated around report card dates and can go home along with the school's report cards.

Therapy Times

While Speech-Language Pathologists (SLPs) strive to work closely with site staff to minimize disruptions to daily instruction, therapy scheduling flexibility remains limited due to multi-site schedules and high caseload demands. Because speech-language services are legally binding special education requirements that must be delivered as written, sessions may sometimes overlap with core or elective class periods. Speech sessions for children ages three and older are conducted on campus and may be in small group settings to foster natural communication skills.

Scheduling IEP Meetings

When the SLP acts as the case manager, the SLP will coordinate and schedule the IEP meeting with all required participants, including parents, general education teachers, administrators, and appropriate specialists (e.g., school nurse or related service providers). When another staff member serves as the case manager, the SLP requires sufficient advance notice to ensure site availability. Due to multi-site scheduling commitments, the SLP cannot attend meetings set on off-site days without prior coordination. In cases where a scheduling conflict cannot be avoided, the SLP may provide input in advance or follow formal excusal protocols after contacting the parent/guardian to review speech-language data. Additionally, classroom staff will receive a questionnaire from the SLP prior to the meeting; timely completion of this feedback is essential for documenting the student's educational performance within the IEP.

Speech Staff Titles

Speech and Language Pathologist (SLP)

Speech and Language Pathology Assistant (SLPA)

Speech Tele-Aide/Facilitator

Tele-aides will be facilitating students, from preschool to grade 3, in getting online with an SLP or SLPA. If a student in grades 4-12 needs an aide for speech, it will be the district's responsibility to provide an aide. Also, if a student has an individual aide or a classroom aide to escort and stay with the student during speech, that aide will be expected to be the "speech aide" for that student so that limited resources are not squandered.

Issues, Concerns, and Disputes

If any issue, concern, or dispute arises between the school and the SLP, please try to settle them with each other first. If it can't be resolved in a satisfactory manner, please contact us. We are happy to help resolve any speech matter.

Tana Piersall
SELPA Director
tpiersall@siskiyoucoe.net
530-842-8400

Robyn Farris
Program Specialist
rfarris@siskiyoucoe.net
530-842-8490

Cari Johnson
SLP Team Leader
cari.johnson@siskiyoucoe.net
530-572-1722

Appendix 1

Teacher Observation for Speech Consultation

Teacher: _____ Date: _____
Student's Name:_____ DOB:_____
Grade:_____ Primary Language:_____
School:_____
Reason for Referral:_____

Areas of Concern: Modifications tried within current program

LANGUAGE
Concerns:

_____ Limited vocabulary
_____Uses words incorrectly
_____Doesn't understand prepositions
_____Uses only single words or sentence fragments
_____Takes a long time before speaking, revises sentences, often pauses during conversation
_____Makes inappropriate comments/poor peer relations

Modifications Tried:

_____Teach categorization or classification activities
_____Teach synonyms/antonyms
_____Expand and model student's verbal expression
_____Introduce and review lesson vocabulary prior to lesson
_____Retell stories; verbally summarize directions/chapters
_____Stimulate expression by asking WH questions
_____Have students formulate sentences or questions when provided a word or statement

AUDITORY MEMORY/ PERCEPTION

Concerns:

_____Difficulty following classroom directions
_____Ask for repetitions
_____Poor retention of information
_____Doesn't recognize rhyming words
_____Difficulty differentiating similar sounding words

Modifications Tried:

_____Keep directions simple, use short sentences
_____Ask to paraphrase/repeat directions
_____Check for understanding

ARTICULATIONS, FLUENCY, VOICE

Concerns:

_____Substitutes/omits sounds:_____
_____Dysfluency: repeats/holds out sounds or words
_____Voice is too low/high for age
_____Voice quality is too nasal/denasal
_____Voice is horse for periods longer than 3 weeks

Modifications Tried:

_____Provide sound discrimination/awareness activities
_____Provide Modeling
_____Discourage interruptions
_____Remove time pressures in speaking
_____Seek medical intervention/school nurse
_____Consult with parents: Is the problem noticeable? Continual? Seasonal

Degree of problem: Constant_____ Occasional_____

Explain:_____

Student Learning: Above Average_____ Average_____ Below Average_____

Interferes with learning_____ Other activities_____

Student awareness: unaware/indifferent_____ Aware_____

How do peers react to the problem?_____

Parent's request_____

Date parent made aware of referral_____

Comments_____

_____

_____

Please ensure document is complete and return to your SLP

Appendix 2

IEP Initial Information

1. Student Legal Name _____
2. Date of Birth_____
3. Grade_____
4. English Language Learner? Y or N
5. Native Language_____
6. Student ID #_____
7. SSID #_____
8. Parent/Guardian Name(s) _____
9. Home Address _____
10. City_____
11. State and Zipcode_____
12. Email_____
13. Hispanic Ethnicity Y or N
14. Race(s)_____

Please complete and send to your SLP/case manager

Appendix 3

Teacher Input for IEP

Below are areas of the IEP that require your input. Please email your responses to the SLP that works with the student at least 5 days prior to the IEP. For any questions of where the student is doing well or is performing at an age appropriate level, simply indicate 'age appropriate'.

Please use full sentence formatting as your information will be copied and pasted directly into the IEP.

1. Academics/ Pre-academics:

a. How is your student doing academically?

b. Areas of strength or improvement; what do they enjoy the most, where do they do well, what areas do they need extra support in, etc.

c. Attendance information (if excessive absences, please indicate)

d. Are there any classroom accommodations or modifications warranted to support your student's needs?

2. Social/Emotional:

a. How does your student get along with their peers?

b. Are there any behavioral challenges or concerns? If yes, do you feel behavior impedes the learning of the student or their peers?

3. Gross and Fine Motor:

a. Describe any information you think is relevant or needs to be noted

4. Adaptive/Daily Living Skills:

a. Does the student take care of his/her needs as expected/age-appropriate at school? (feeding, toileting, etc)

5. How does communication impact your student's ability to progress in the eligibility for special education services in speech and language?

a. This can include peer interactions or class participation, ability to be understood, spelling/writing, etc.

Thank you for your collaboration. If you have any questions, please contact your SLP.

Appendix 4

Preschool Referral

Siskiyou County Office of Education

609 S. Gold Street

Yreka, CA 96097

Child's Name_____ School _____

DOB_____ Age_____ Physician's name_____

Parent/Guardian Name_____Contact Info_____

Home Address_____

Parent/Guardian Email_____

Primary Concerns

Speech and Language_____

_____

Motor Concerns_____

_____

Other Concerns_____

_____

Interventions Attempted:

Teacher Signature_____ Date_____

Parent Signature_____ Date_____

**********SCOE Use Only**********

Date Received_____

Appendix 5

IEP Preschool Initial Information

1. Student Legal Name _____

2. Date of Birth_____

3. School_____

4. English Language Learner? Y or N

5. Native Language_____

6. SEIS ID # (if applicable) _____

7. Birth Country_____

8. Birth State_____

9. Birth City_____

10.Parent/Guardian Name(s)_____

11. Home Address_____

12.Contact Information_____

13.Email_____

14.Hispanic Ethnicity Y or N

15.Race(s)_____

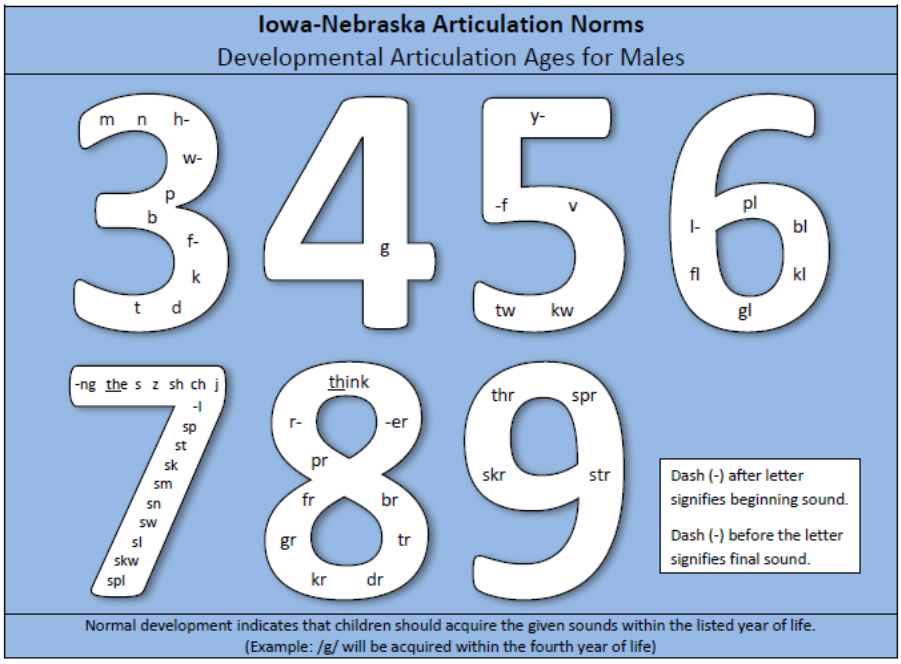
Date of parent request for testing: _____

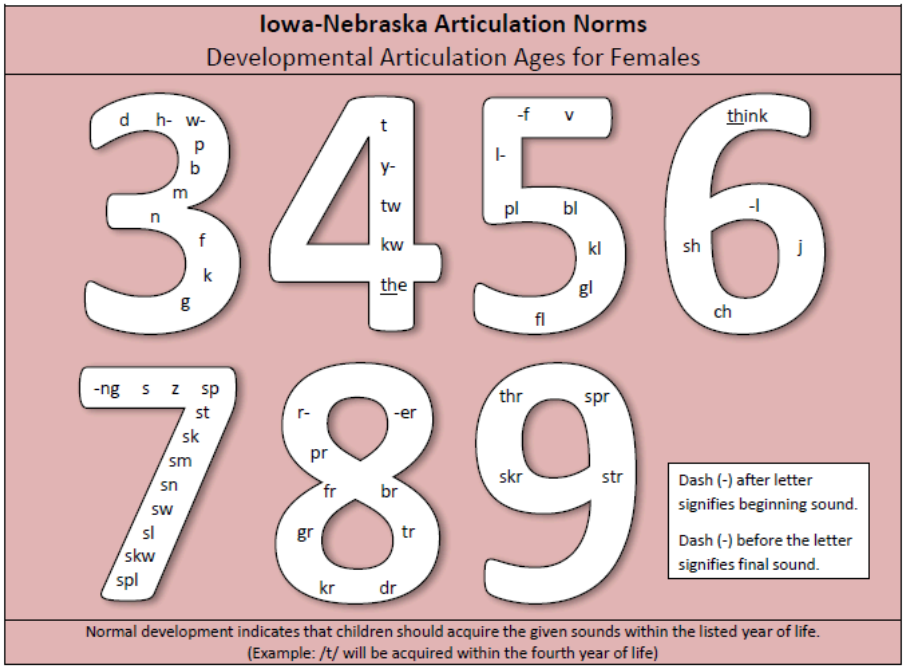
Please complete and send to your SLP/case manager

Appendix 6

The following speech development chart provides the ages in which each sound is *mastered*.

For educational eligibility, it is considered a disability if the error(s) persist past the age of mastery.





STATE SELPA IEP TEMPLATE
REFERRAL FOR SPECIAL EDUCATION AND RELATED SERVICES

Student Name_____ **Date of Birth** ___/___/_____ **IEP Date** ___/___/_____

Grade _____

Name of Parent or legal guardian _____ Phone _____

Address _____

City _____ State_____ Zip_____

Person making referral _____ Title _____

Date parent notified of intent to refer ___/___/_____

Method of notifying parent of intent to refer ☐ Conference ☐ Phone call ☐ Written

Parent's or adult student's native language or other primary mode of communication if other than English _____

Student's native language or other primary mode of communication _____

Primary Concern Regarding Student _____

_____

Specific Reasons for Referral

☐ Reading	☐ Written Language	☐ Hearing	☐ Attention
☐ Math	☐ Self-Help Skills	☐ Vision	☐ Social/Emotional
☐ Spelling	☐ Fine Motor Skills	☐ Health	
☐ Cognitive Functioning	☐ Gross Motor Skills	☐ Speech/Language	

Other _____

General Education Interventions Attempts If this referral is by an educational representative, describe interventions attempted prior to this referral and attach documentation. (EC 56303) _____

_____